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	PATENT	APPLICATIO Effec	RD		180	19	9887 -10	496 14					
		CLAIMS A	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OB	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			121					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	€ 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/ 2   minus 20=		101			X\$ 9=		OR	X\$18=	18 18	
INDEPENDENT CLAIMS			5 minus 3 =		2		X40=		1		X80=	11 0	
MULTIPLE DEPENDENT CLAIM P			RESENT						<del>                                     </del>	OR		1(2)	
* 11	the difference	in column 1 is	less than zero, enter "0" in column 2			+135= TOTAL		OR	+270=	2 6 46			
/ / CLAIMS AS AMENDED - PART II									· L	OR	TOTAL	2696	
1	131/2	(Column 1)	(Column 2) (Column					SMALI	LENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		/ŘATE	ADDI- TIONAL FEE		ŔATE	ADDI- TIONAL FEE	
	Total	. //0	Minus	/2	-/	= /		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF M	Minus	PENDENT	S CLAIM	=/		X40=/		OR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						۱	+135=		OR	+270=		
								TOTA		OR	TOTAL ADDIT, FEE		
	nhyll	2(Column 1)		(Colur		(Column 3)	9	10011.12	_ <del>_</del>	•	ADDII. FEET		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 1/0	Minus	/ 6	2/	= /		X\$ 9=		ØÁ	X\$18=		
	Independent	IRST PRESENTATION OF MULTIPLE DEPEN		*** C				X40=	/	OR	X80=		
		THE TOTAL OF THE	DETIT CE DEF	ENDENT	CLANVI	··		+135=/	1	OR	+270=		
	061/						L	TOTAL			TOTAL ADDIT. FEE		
- (	7/1-4/P	O(Column 1)		(Colun	nn 2)	(Column 3)			· · · · · · · · · · · · · · · · · · ·		ADDIT: TEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	- //0	Minus	/2	-/	= /		X\$ 9=		OB-	X\$18=		
		· 4	Minus	∠		=		X40=			X80=		
	HIRST PRESEN	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		1			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
!!	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL OR TOTAL ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number lound in the appropriate box in column 1.												

PTO/SB/06 (08-03)

Approved for use through 7/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY OR (Column 2) SMALL ENTITY FOR **NUMBER FILED** NUMBER EXTRA RATE FFF BASIC FEE RATE FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X & INDEPENDENT CLAIMS OR (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR If the difference in column 1 is less than zero, enter "0" in column 2. **TOTAL** OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY **CLAIMS** HIGHES 4 REMAINING NUMBER PRESENT RATE. ADDI-RATE ENDMENT ADDI-**PREVIOUSLY EXTRA** TIONAL AMENDMENT TIONAL PAID FOR FEE Total (37 CFR 1.16(o)) FFF/ Minus U OR Minus OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL OTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ENT ADDI-RATE ADDI-AFTER **PREVIOUSLY EXTRA** TIONAL MENDMENT TIONAL PAID FOR FEE Total (37 CFR 1.16(c)) FEE ENDM Minus 12 OR Minus ₹ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ပ REMAINING NUMBER PRESENT RAFE ADDI-ENT RATE ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL AMENDMENT TIONAL PAID FOR FEE FEE Total ENDM Minus (37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) OR X \$ Minus OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \* In the entry in column 1 is less than the entry in column 2, write 10 in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the INSPEC to accesse) an application. Confidentiality is coverned by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete.

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, obstro to process) an approauon. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is esumated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## BEST AVAILABLE COFY

## Application or Bocket Number 6 PATENT APPLICATION FEE DETERMINATION RECORD 80#S Effective October 1, 2000 **CLAIMS AS FILED - PART I OTHER THAN** SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) TYPE [ **TOTAL CLAIMS** RATE FEE FEE RATE NUMBER EXTRA BASIC FEE 355.00 RASIC FEE 710.00 NUMBER FILED FOR OR TOTAL CHARGEABLE CLAIMS 101 minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X80= X40= OR MULTIPLE DEPENDENT CLAIM PRESENT П +270**=** +135= OR If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR OTHER THAN IMS AS AMENDED - PART II SMALL ENTITY SMALL ENTITY OR (Column 2) (Column 3) (Column 1) HIGHEST CI AIMS ADDI-ADDI-NUMBER PRESENT REMAINING RATE TIONAL RATE TIONAL PREVIOUSLY AMENDMENT AFTER **EXTRA** FEE FEE MENDMENT PAID FOR X\$18= Total Minus X\$ 9= Minus Independent X80= X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= TOTAL OR ADDIT. FEE ADDIT. FEE (Golumn 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDL REMAINING NUMBER PRESENT TIONAL TIONAL RATE RATE BREVIOUSLY AMENDMENT AFTER **EXTRA FEE** FEE PALD-FOR AMENDMENT Minus X518= Total X\$ 9= OR independent Minus X80= X40: FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= **1**35= ·TOTAL ADDIT, FEE DOIT. FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER REMAINING PRESENT TIONAL TIONAL RATE RATE PREVIOUSLY AMENDMENT AFTER **EXTRA** FEE PAID FOR FEE AMENDMENT Minus Total X\$18= X\$ 9= Independent Minus X40= XBQ= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270± +135= OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

ADDIT. FEE

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